

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/679331  
FILING DATE  
APPLICANT(S)

5/16/05

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
16					66					
17					67					
18					68					
19					69					
20					70					
21					71					
22					72					
23					73					
24					74					
25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34	1				84					
35		1			85					
36		1			86					
37		1			87					
38		1			88					
39		1			89					
40		1			90					
41		1			91					
42		1			92					
43		1			93					
44		1			94					
45		1			95					
46		1			96					
47		1			97					
48		1			98					
49		1			99					
50		1			100					
TOTAL IND.		2			TOTAL IND.					
TOTAL DEP.		7			TOTAL DEP.					
TOTAL CLAIMS		9			TOTAL CLAIMS					

BEST AVAILABLE COPY